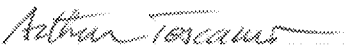
 <div style="display: inline-block; text-align: center; margin-left: 20px;"> United States Environmental Protection Agency Washington, DC 20460 </div>		<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide – Section I			
1. Company/Product Number Bayer CropScience LP / 264-1210		2. EPA Product Manager Emily Schmid	
4. Company/Product (Name) Bayer CropScience LP / XtendiMax® With VaporGrip® Technology		PM # 25	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
5. Name and Address of Applicant (Include ZIP Code) Bayer CropScience LP 801 Pennsylvania Ave, NW – Suite 900 Washington, DC 20004 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section – II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input checked="" type="checkbox"/> Other – Explain below.	
Explanation: Use additional page(s) if necessary. (For section I and Section II.) XtendiMax® With VaporGrip® Technology, EPA Reg. No. 264-1210; Updated Fast Track Amendment to Implement Regional Measures for 2023 Growing Season (EPA Reg. No. 264-1210, Decision No. 564515) – Updated Master Label			
Section – III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No * Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Package wgt. Container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	
		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled	
Section – IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name George Sabbagh		Title Head Regulatory Engagement	Telephone No. (Include Area Code) 913-231-6291
Certification <i>I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.</i>			6. Date Application Received (Stamped)
2. Signature 		3. Title Federal Regulatory Manager	
4. Typed Name Arthur Toscano		5. Date January 6, 2023	